proved for use Sugh 10/31/2002. OMB 0651-0032 mark Office; U.S. DEPARTMENT OF COMMERCE ation unbest it displays a valid OMB control number. U. S. Patent and Trademark Control

Under the Processor Reduction Act of 1995, no persons are required to respon Application or Docket Number PATENT APPLICATION FEE DETERMINATION RECORD OTHER THAN CLAIMS AS FILED - PART I SMALL ENTITY **OR** SMALL ENTITY (Column 2) (Column 1) FOR NUMBER FILED NUMBER EXTRA RATE PEE PEE BASIC FEE \$35S \$ OR (37 CFR 1.16(a)) TOTAL CLAIMS 0 minus 20 = OR (37 OFR 1.16(c)) INDEPENDENT CLAIMS Z 0 minus 3 = OR = (37 CPR 1.16(b)) MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) OR = TOTAL \$355 OR TOTAL If the difference in column 1 is less then zero, enter "0" in column 2 OTHER THAN **CLAIMS AS AMENDED - PART II** SMALL ENTITY OR SMALL ENTITY (Column I) (Column 2) (Column 3) **CLAIMS** HIGHEST ADDI-ADDI-REMAINING **PRESENT** NUMBER RATE TIONAL TIONAL RATE AFTER PREVIOUSLY **EXTRA FEE** PEE AMENDMENT PAID FOR OR Total 面 Minus = OR independent Minus (37 CFR 1.1600) OR Ø FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CPR 1.16(d)) OR TOTAL TOTAL. OR ADDIT. PEE (Column 2) (Column 3) ADDIT. FEE (Column 1) 2 CLAIMS HIGHEST ADDI-ADDI-A MARKET BROKE REMAINING NUMBER PRESENT RATE TIONAL RATE TIONAL AFTER PREVIOUSLY **EXTRA** PEE PEE AMENDMENT PAID FOR OR Minus Ŧ w (27 CFR 1.16(c)) OR independent Minus OR (37 CPR 1.16(b)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(4)) OR TOTAL TOTAL OR ADDIT. FEE ADDIT, FEE (Column 3) (Cotumo 2) (Column 1) CLAIMS HIGHEST ADDI-ADDI-REMAINING PRESENT NUMBER RATE TIONAL RATE TIONAL **AMENDMENT** AFTER **PREVIOUSLY EXTRA** PEE PEB AMENDMENT PAID FOR OR Total (37 CFR 1.16(c)) = Minus OR *** independent Minus = (37 CFR 1.35(b)) OR (37 CFR 1.16(4)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM = OR TOTAL TOTAL OR * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

*• If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". ADDIT. FEE ADDIT, FEB

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

Burden Hour Statement: This form is estimated to take 0.2 bours to complete the Time will vary depending upon the needs of the individual case.

Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231.

DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.